



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E280065**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02682
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	10	-	26	-	2013	TIME (2400)	0024	COUNTY #	31	MILES		N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE 204	BLOCK NO.	8400
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DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	LUNDEEN PARKWAY
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4258797731
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LAST NAME	DAVIS	FIRST NAME	ALYSSA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	7507 123RD AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589054
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	DAVISAM082LL	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	06	-	13	-	1992
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	COMPLAINED OF NECK PAIN - DECLINED MED
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LICENSE PLATE #	ALS7839	STATE	WA	VIN#	JF1GPAR61D2845673
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	SUBA	MODEL	IMPREZ	STYLE	SW	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2125830
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254454157
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LAST NAME	XIONG	FIRST NAME	KALIA	MIDDLE INITIAL	
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STREET NEW ADDRESS	8419 11TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583422
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	XIONGK*064PP	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	10	-	17	-	1994
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	876ZLM	STATE	WA	VIN#	JTKDE3B77A0306895
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	TOYT	MODEL	SCITC3D	STYLE	LB	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. BEE THAO 8419 11TH PL NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 052 1010-A02-47C
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	ANDREW THOR	BADGE OR ID #	115	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E280065**

CASE # **13-02682**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Driver Unit 1 was traveling eastbound on State Route 204 approaching the intersection of SR 204 and Lundeen Parkway. Driver Unit 1 was distracted and did not stop for red light before entering intersection. Driver Unit 2 was stopped for traffic on Lundeen Parkway. When the light turned green she entered the intersection but was struck on the passenger side by Unit 1.

Both drivers were evaluated by AID but declined additional treatment. Driver Unit 1 could not account for the signal changing due to distraction.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-26-13 01:22 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

10/26/2013 5:16:24 AM

BADGE OR ID #

115

ORI #

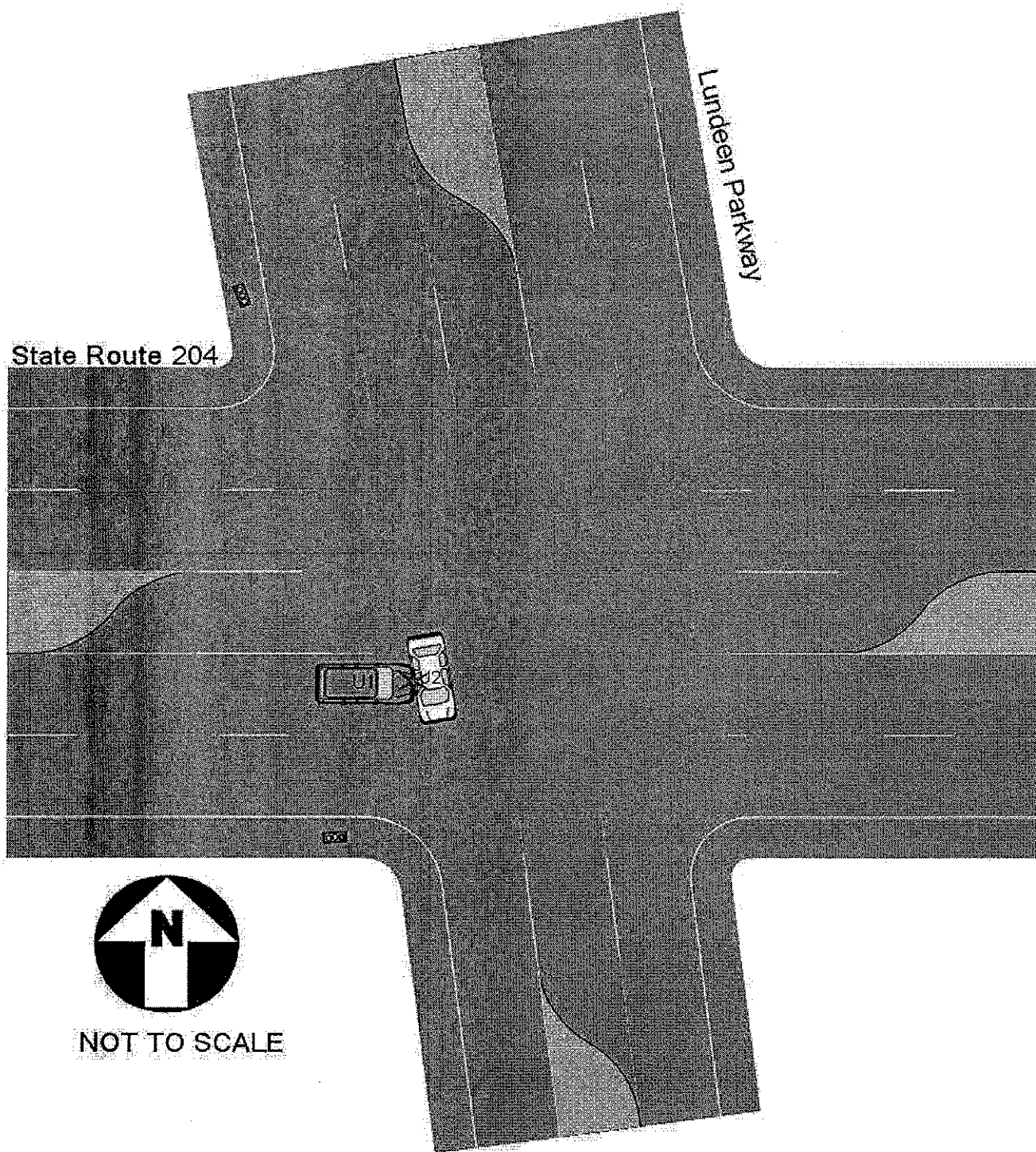
WA0311900

TIME POLICE DISPATCHED

12:24 AM

TIME POLICE ARRIVED

12:29 AM



Incident History for: #SS13023572 Xref: #AG13003065

Case Numbers: \$SS13002682

Entered 10/26/13 00:24:22 BY SPSC39 SP0112

Dispatched 10/26/13 00:24:41 BY SPDP17 SP0361

Enroute 10/26/13 00:24:41

Onscene 10/26/13 00:29:02

Closed 10/26/13 00:49:58

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PARK WY/SR 204 , LKS (V)

Loc Info:

Name: DAVIS, ALISA

Addr:

Phone: 4258797731

/0024 (SP0112) ENTRY , CC GRY SUBARU IMREZA VS WHI SCION TC BLKG

/0024 (SP0361) DISPER SS1939 #SS115 THOR, OFFICER (ANDREW)

/0025 (SS95) *ASST SS1913 [LUNDEEN PARK WY/SR 204 , LKS]

#SS95 MINER, SGT (ROBERT)

/0025 (SP0361) ENROUT SS1913

/0029 ONSCNE SS1939

/0029 (SS95) *ONSCNE SS1913

/0030 (SP0361) CROSS #AG13003065

/0030 ASSTER SS1935 [LUNDEEN PARK WY/SR 204 , LKS]

#SS104 LAMBIER, OFFICER (JEFF)

/0031 \$PREMPT SS1935

/0031 ASSTOS SS1935 [LUNDEEN PARK WY/SR 204 , LKS]

#SS104 LAMBIER, OFFICER (JEFF)

/0033 (*****) REMINQ SS1939 ALS7839

/0033 (SP0361) REMINQ SS1939 LIC, 1939, ALS7839, , ,

/0033 (*****) REMINQ SS1939 876ZLM

/0033 (SP0361) REMINQ SS1939 LIC, 1939, 876ZLM, , ,

/0036 ASNCAS SS1939 \$SS13002682

/0039 ONSCNE SS1935

/0048 CLEAR SS1935

/0049 CLEAR SS1913 D/H

/0049 CLEAR SS1939 D/H

/0049 CLOSE SS1939

SECTOR COLLISION

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number A. THOR #115		Case Number 13-02682	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: ACCIDENT		Date/Time: 10/26/13	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # AT1 Action # 3	Item PHOTO CD	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

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	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	